Addendum 5 - Reference Form Instructions

Kentucky Board of Medical Licensure
310 Whittington Parkway, #1B
Louisville, KY 40222
(502) 429-7150
www.kbml.ky.gov

The following are instructions required when completing the reference form:

- Two reference forms are required per applicant.
- You are required to attach a color photograph to the reference form and sign and date the form before giving to a recommending physician. Black and white photographs will not be accepted.
- The reference form must be completed by a recommending physician who has known the applicant a minimum of six months.
- A reference form will not be accepted from relatives, nor will they be accepted from another physician who is in the process of applying for a Kentucky license.
- The recommending physician must be currently licensed and practicing and will be required to provide the state of residence and his/her license number on the reference form.
- The recommending physician will be responsible for having his/her signature notarized upon completing the reference form.
- An incomplete reference form will be returned to the recommending physician, therefore will not be counted as complete until the form is corrected and returned to the KBML. This will delay processing of your application.
- Reference forms will not be accepted if mailed by applicant. The recommending physician must send the reference form directly to the KBML. Faxes and/or scanned emails will not be accepted.

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Should you have any questions concerning these instructions, please contact:

- Rachel Noyes (502) 429-7150 ext 222 for physician applicants with last name A-K. jrachel.noyes@ky.gov
- Christina Ford (502) 429-7150 ext 223 for physician applicants with last name L-Z. christina.ford@ky.gov

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This form is to be completed by a physician fully licensed in the state which the form is notarized. The recommending physician must have known the applicant for at least six months. Relatives may not serve as recommending physicians nor may physicians who are currently in the process of applying for a KY license. Recommending physicians are strongly urged to include additional comments. The recommending physician must have this form notarized. All questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to ensure that certain information is included. Please complete the form and return to the Kentucky Board of Medical Licensure at the address above.

Do not complete unless a color photo of applicant is attached to the bottom of this form.
Black and white photos are not accepted.

I, _____, a licensed and practicing physician in the state of _____
(recommending physician, print name legibly) (state of practice)

affirm that _____ has been known to me personally for _____ years
(applicant, print name legibly)

and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following in support of his/her application for Kentucky licensure:

- I rate his/her medical knowledge and technique as: _____
- His/her relationship with patients is: _____
- I rate his/her ability to work well with peers and medical staff as: _____
- His/her command of the English language is: _____
- Additional comments: _____

I hereby recommend the applicant for a license to practice medicine or osteopathic medicine in the state of Kentucky.

Printed Name and Signature of Recommending Physician (name stamps will not be accepted)	
State of Licensure and License Number	

Address of Recommending Physician			
*Print Legibly	Street Address	City, State, Zip	Phone (include area code)

Attach Photo Here

Subscribed and sworn to before me this _____
day of_____ , 20 _____.

_____
Notary Public Signature

Date Commission Expires _____

Signature of Applicant _____ Date Photo Taken _____

Printed Name of Applicant _____